

212029309

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

001	Total Number of Vehicles	Local No./ District 509	Agency Case No. B2-057557	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1				
A/1 02	DATE OF ACCIDENT	M M / D D / Y Y Y Y 06-25-2012		(In Military Time) S M T W T H F S <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TIME OF ACCIDENT 1817		STATE USE ONLY				
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1818	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE				
B 90	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S 27TH, PICCADILLY CT TO HIGHWAY 2		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE					
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION							
	NAME OF INTERSECTING ROADWAY		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING							
V1/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN					
E 1	R. WORK ZONE CODES R1 R2 R3 R4 1	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b * * * * *		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO						
VEHICLE NO. 1										
F 1	DRIVER LICENSE NO.	G02197172		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/N 01	DRIVER	RENEE S GELLER		PHONE (402) 580-1024	LOCAL NO.					
V2/N	DRIVER ADDRESS	2410 JAMESON S, , LINCOLN, NE, 68512		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	10-07-1957				
G 4	OWNER	RENEE S GELLER		PHONE (402) 580-1024	LOCAL NO.	V1/1 15				
	OWNER ADDRESS	2410 JAMESON S, , LINCOLN, NE, 68512		CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	V1/2 15				
H 2	LICENSE PLATE	PA NO.	SCE760	YEAR (Plate Expires)	2013	STATE (Of Plate)	NE			
V1/O 1	VEHICLE	2004	Chrysler	MODEL	SLT	BODY STYLE	Convertible			
V2/O	VEHICLE ID NO. (VIN)	1C3EL65RX4N256229		COLOR	RED	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 250			
I 1	VEHICLE NO. 2						V1/3 15			
V1/P 1	DRIVER			PHONE ()	LOCAL NO.		V1/4 15			
V2/P	DRIVER ADDRESS			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		V1/5 15			
J 01	OWNER			PHONE ()	LOCAL NO.		V1/6 35			
	OWNER ADDRESS			CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO					
V1/Q 4	LICENSE PLATE	NO.		YEAR (Plate Expires)		STATE (Of Plate)				
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="radio"/> TOALED \$			
K 01	VEHICLE ID NO. (VIN)			INSURANCE COMPANY	PPCM0032162573-2					
	TOWED TO	TOWED BY		POLICY NO.						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)										
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					

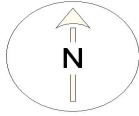
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B2-057557



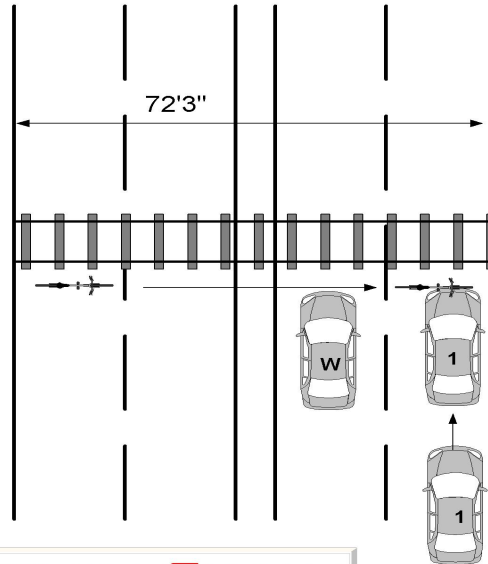
Indicate
North
by Arrow



to Highway 2

to Piccadilly ct

P.O.I. - 8'10" W of E curb S 27th
291'6" No of N curb Piccadilly ct



NOT TO SCALE

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of veh #1 reports she was NB on S 27th, Piccadilly ct to Highway 2 in the outside lane, travelling approx. 30 mph. Driver of veh #1 stated she was slowing for traffic in front of her, and traffic in the inside through lane was stopped. Driver of veh #1 states a bicyclist riding EB across S 27th at the train tracks rode in front of her vehicle and collided with the front driver's corner. Witness, who was in a vehicle stopped in the inside lane just South of the train tracks, gave the same account. Bicyclist states he was attempting to cross S 27th st at the train tracks while riding his bicycle, and did not see veh #1 until just prior to the accident. The area where the bicyclist crossed is not a marked crosswalk, only a cut out in the median for the train tracks. The bicyclist complained of no injury.

PROPERTY	OBJECT DAMAGED FUJI BICYCLE	OWNER NAME GERALD E FRAZIER(10-20-45)	ADDRESS (10-20-45) , 5101 S 30TH , LINCOLN, NE, 68516	PHONE (402) 429-0124	APPROX. COST OF DAMAGE \$ \$150
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE ()	APPROX. COST OF DAMAGE \$
WITNESSES	NAME RICKY L CRUMMETT , 2854 SUMNER LINCOLN NE 68502				PHONE (402) 219-2606
	NAME				PHONE ()

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS																																																												
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)																																																																			
1	X				S 27TH								<table border="1"> <tr><td></td><td>4</td><td></td><td>5</td></tr> <tr><td></td><td></td><td></td><td>5</td></tr> <tr><td></td><td>4</td><td></td><td>5</td></tr> </table>					4		5				5		4		5	<table border="1"> <tr><td></td><td>2</td><td></td><td>2</td></tr> <tr><td></td><td></td><td></td><td>2</td></tr> <tr><td></td><td>2</td><td></td><td>2</td></tr> </table>					2		2				2		2		2	<table border="1"> <tr><td></td><td>2</td><td></td><td>2</td></tr> <tr><td></td><td></td><td></td><td>2</td></tr> <tr><td></td><td>2</td><td></td><td>2</td></tr> </table>					2		2				2		2		2	<table border="1"> <tr><td></td><td>Y</td><td></td><td>Y</td></tr> <tr><td></td><td>N</td><td>X</td><td>N</td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>					Y		Y		N	X	N				
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1	11				06 Turning left				POINT OF IMPACT				08				08																																																											
2					08 Entering traffic lane				MOST DAMAGED AREA				08				08																																																											
01 Essentially straight ahead					09 Leaving traffic lane					00 None					02					03																																																								
02 Backing					10 Parked					09 Top & windows					01					04																																																								
03 Changing lanes					11 Slowing or stopped in traffic					10 Undercarriage					08					07																																																								
04 Overtaking/ Passing					12 Other					11 Total (all areas)					06					05																																																								
05 Turning right					13 Unknown					12 Other																																																																		
OFFICER NO. 1532					TROOP/ TEAM/ BEAT 5a					DEPARTMENT 5501 Lincoln Police Department					Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																																													
INVESTIGATOR NAME (Print or Type) Brian Golden					INVESTIGATOR SIGNATURE Digital Certificate with Nebraska Crime Commission					DATE OF REPORT 06/26/2012																																																																		